

1
 TO HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4
 may be signed by the physician or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, Page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

03110

3122		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE W. Va. b. COUNTY Grant.	
1. PLACE OF DEATH a. COUNTY Garrett MARYLAND		c. LENGTH OF STAY IN 1b b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Oakland c. LENGTH OF STAY IN 1b 9 Hours	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Garrett County Memorial Hospital		d. STREET ADDRESS Petersburg. 85x-3	
3. NAME OF DECEASED (Type or print) Mary		First Middle Lost	4. DATE OF DEATH Alt March 25 1961
5. SEX Female		6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> 8. DATE OF BIRTH WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> 1884. 9. AGE (In years last birthday) 76 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Pendleton County, W. Va.
13. FATHER'S NAME Benjamin Simmons.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. None	17. INFORMANT Mr. Scott Riggelman, Petersburg, W. Va. Address
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 4 Due to Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) Due to (c) Due to		19. INTERVAL BETWEEN ONSET AND DEATH 12-24 hours	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) Pneumonitis - Bilateral		20. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Doy, Year Hour o. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)
21. I certify that (I) (this hospital) attended the deceased from 3/24/61 to 3/25/61, that (I) (we) last saw the deceased alive on 3/25/61, and that death occurred at 2:45 A.M. from the causes and on the date stated above.		22a. SIGNATURE Herbert F. Leighton	
22c. PHYSICIAN'S NAME (Type) Dr. Herbert Leighton		22b. DATE SIGNED 25 Mar 61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Buried.		23b. DATE THEREOF 3/28/61.	23c. NAME OF CEMETERY OR CREMATORIAL Alt Family Cemetery.
24. FUNERAL DIRECTOR'S SIGNATURE Gloraine Schaeffer		ADDRESS Petersburg, W. Va.	25a. REC'D BY REGISTRAR DATE MAR 30 '61
			25b. REGISTRAR'S SIGNATURE Orling S. House

00000000

00000000

00000000

00000000

00000000

00000000

00000000

00000000

00000000

00000000

00000000

00000000

00000000

00000000

00000000

00000000

00000000

00000000

00000000

00000000

00000000

00000000

00000000

00000000

00000000

00000000

00000000

00000000

00000000

00000000

00000000

00000000

00000000

00000000

00000000

00000000

00000000

00000000

00000000

00000000

00000000

00000000

00000000

00000000

00000000

00000000

00000000

00000000

00000000

00000000

00000000

00000000

00000000

00000000

00000000

00000000

00000000

00000000

00000000

00000000

00000000

00000000

00000000

00000000

00000000

00000000

00000000

00000000

00000000

00000000

00000000

00000000

00000000

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4
 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

~~1~~

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Item 8 Film G283 3/29/61 iwk

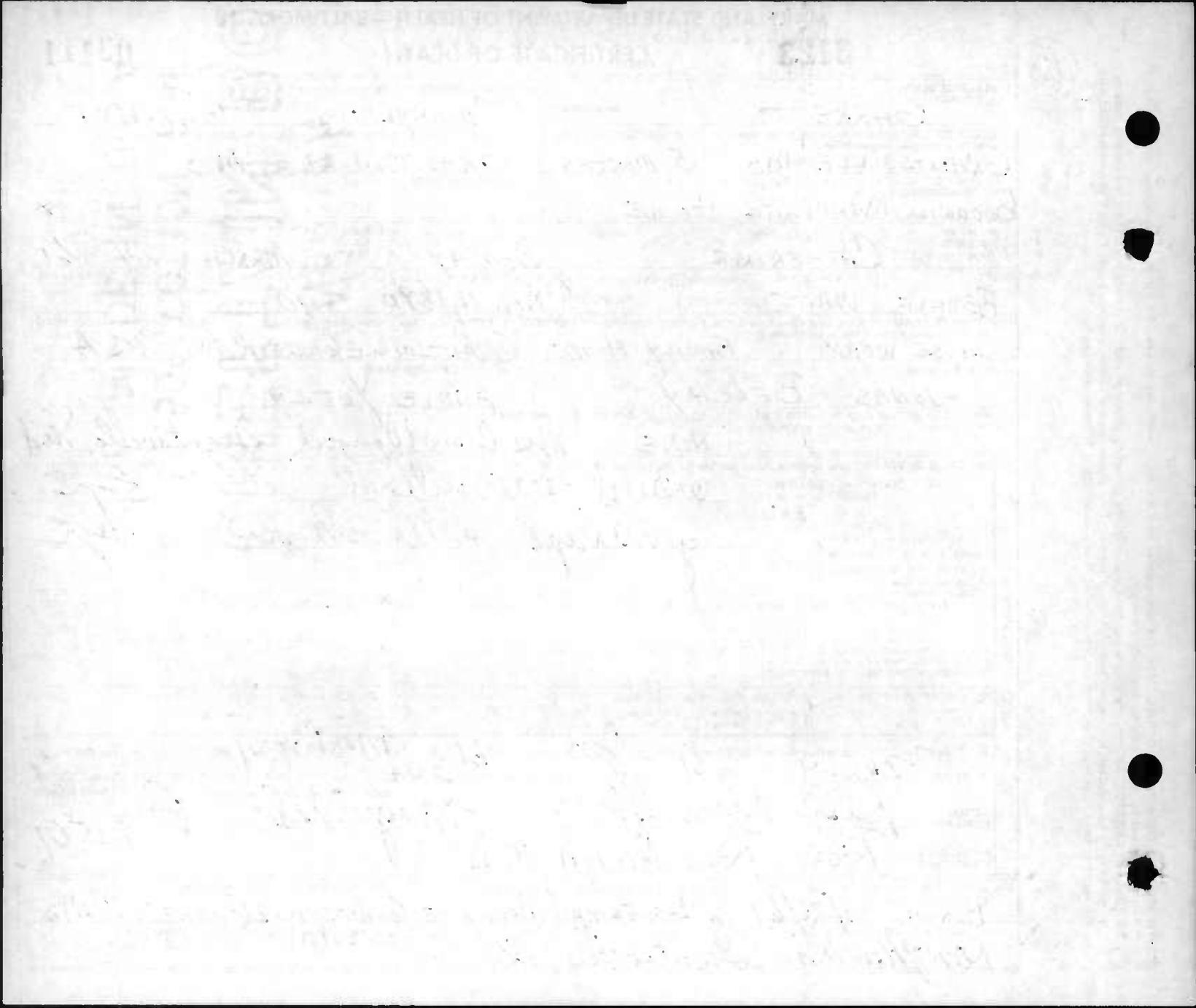
3123

CERTIFICATE OF DEATH

Reg. Dist. No.

03111

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE	
GARRETT MARYLAND		MARYLAND b. COUNTY GARRETT	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) GRANTSVILLE MD		c. LENGTH OF STAY IN 1b 5 MONTHS	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION GRANTSVILLE MENNONITE HOME		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) GRANTSVILLE, MD	
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		d. STREET ADDRESS	
3. NAME OF DECEASED (Type or print)		First	Middle
CATHERINE			LAST
4. DATE OF DEATH		Month	Day
BEACHY		MARCH	24
5. COLOR OR RACE		Year	1961
WHITE		IF UNDER 1 YEAR	IF UNDER 24 HRS.
6. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. AGE (In years last birthday) 90	Months Days Hours Min.
7. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WORK		10b. KIND OF BUSINESS OR INDUSTRY FAMILY HOME	
11. BIRTHPLACE (State or foreign country) GRANTSVILLE GARRETT Co. MD		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME JONAS BEACHY		14. MOTHER'S MAIDEN NAME ANNIE YUTZY	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT Mrs. Ann Wenger		Address Grantsville, Md	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		INTERVAL BETWEEN ONSET AND DEATH	
334X Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. (b) DUE TO		5 yr	
(c) DUE TO		10 yr generalized arteriosclerosis	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour o. m. 19 p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from <u>Jan 61</u> , to <u>March 27 1961</u> , that I last saw the deceased alive on <u>May 24 1961</u> , and that death occurred at <u>6:55 AM</u> , from the causes and on the date stated above.			
ACTUAL SIGNATURE Ross Rumph M.D.		ADDRESS (Street, city or town, state) Maysdale, Pa DATE SIGNED 3-25-61	
PHYSICIAN'S NAME (Type)		22b. DATE THEREOF 3/26/61	
22c. NAME OF CEMETERY OR CREMATORIAL CASSELMAN MENNONITE		22d. LOCATION (City, town, or county) GRANTSVILLE GARRETT Co. MD	
23. FUNERAL DIRECTOR'S SIGNATURE Don Newman, Grantsville, Md.		24a. REC'D BY REGISTRAR MAR 27 1961	
ADDRESS		24b. REGISTRAR'S SIGNATURE Arthur S. Trahan	
DATE			



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3124

CERTIFICATE OF DEATH

Reg. Dist. No. 03112

1. PLACE OF DEATH a. COUNTY Garrett MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Allegany ✓	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Oakland		c. LENGTH OF STAY IN 1b 1½ years	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Cuppett Nursing Home		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Corriganville	
d. STREET ADDRESS 01 X-2		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Howard W. Burkett		First	Middle
4. DATE OF DEATH March 22, 1961		Last	Month Day Year
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 17, 1876
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Ellerslie, Md.
13. FATHER'S NAME John Burkett		14. MOTHER'S MAIDEN NAME Kathryn Devore	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Ada Perdew Corriganville, Md.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia 331X Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause lost. (b) DUE TO Cerebral vascular accident, left 3 weeks		INTERVAL BETWEEN ONSET AND DEATH 2 weeks	
DUE TO Arteriosclerosis, generalized years			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Furuncles, multiple		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1b.)	
20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)
21. I certify that I attended the deceased from olive on 3-22-61, 1960, and that death occurred at 11 A.M.,		March 22nd, 1961, that I last saw the deceased ADDRESS (Street, city or town, state) 58 2nd. S., Oakland, Md. 3-22-61 DATE SIGNED	
ACTUAL SIGNATURE James H. Feaster, Jr., M.D.			
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF March 26, 1961	22c. NAME OF CEMETERY OR CREMATORIUM Porter Cemetery
22d. LOCATION (City, town or county) Hyndman, Pa. #11		(State)	
23. FUNERAL DIRECTOR'S SIGNATURE Harvey N. Feaster		24a. REC'D BY REGISTRAR MAR 27 '61	24b. REGISTRAR'S SIGNATURE Arthur S. Feaster
ADDRESS Hyndman, Pa.			

OF PROVINCIAL-PERIOD TO THE TWENTIETH CENTURY. 191

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 03113

1. PLACE OF DEATH a. COUNTY GARRETT MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MARYLAND b. COUNTY GARRETT	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) OAKLAND		c. LENGTH OF STAY IN lb 5 DAYS	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION GARRETT CO. MEMORIAL HOSPITAL		e. STREET ADDRESS ROUTE # 1	
3. NAME OF DECEASED (Type or print) MELVIN LISTON CALHOUN		4. DATE OF DEATH MARCH 22 1961	e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH MARCH 4, 1877
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED CARPENTER		10b. KIND OF BUSINESS OR INDUSTRY Wood Working	11. BIRTHPLACE (State or foreign country) MARYLAND
13. FATHER'S NAME JOHN W. CALHOUN		14. MOTHER'S MAIDEN NAME SARAH HAIR	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? NO		16. SOCIAL SECURITY NO. 217-05-7161	17. INFORMANT SON CLYDE CALHOUN, MT. LAKE PARK, MARYLAND
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 260X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause first.		Myocardial heart disease with failure 3 mos	
(b) DUE TO Cirrhosis		8 years	
(c) Diabetes Mellitus		10 yrs	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 p. m.		20d. INJURY OCCURRED White <input type="checkbox"/> Not white <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)
21. I certify that I attended the deceased from <u>January 1955</u> to <u>3-22-1961</u> , that I last saw the deceased alive on <u>3-22-1961</u> , and that death occurred at <u>9:40 P.M.</u> from the causes and on the date stated above.		ADDRESS (Street, city or town, state) Oakland, Md. DATE SIGNED 1961	
ACTUAL SIGNATURE <u>Andrew E. Mance</u> M.D.		22a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
22b. DATE THEREOF 3/25/1961		22c. NAME OF CEMETERY OR CREMATORIAL Oakland Cemetery	
22d. LOCATION (City, town, or county) Oakland, Maryland. (State)		23. FUNERAL DIRECTOR'S SIGNATURE <u>H. Leighton</u>	
24a. REC'D BY REGISTRAR MAR 28 '61		24b. REGISTRAR'S SIGNATURE <u>John S. Frank</u>	
ADDRESS Oakland, Md.		ADDRESS	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3126

CERTIFICATE OF DEATH

Reg. Dist. No. 03114

1. PLACE OF DEATH a. COUNTY Garrett MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Garrett	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Oakland		c. LENGTH OF STAY IN 1b 61 yrs.	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 3rd Street		d. STREET ADDRESS 3rd Street	
3. NAME OF DECEASED (Type or print) Bertie Florence Fazzalari		4. DATE OF DEATH Month March Day 24 Year 1961	
5. SEX Female White		6. COLOR OR RACE 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> b. DATE OF BIRTH WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> Oct. 31, 1893	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bookkeeper		10b. KIND OF BUSINESS OR INDUSTRY Retail	
11. BIRTHPLACE (State or foreign country) Accident, Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Thomas Turney		14. MOTHER'S MAIDEN NAME Mary Schlossnagle	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT Ilario Fazzalari		Address Oakland, Maryland	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 443X Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause first. (b) DUE TO hypertension CVD (c) DUE TO arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH Indeter 10922 6 yrs	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour o. m. 19 p. m.		20d. INJURY OCCURRED White <input type="checkbox"/> Not white <input type="checkbox"/> at work <input type="checkbox"/> of work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ M, from the causes and on the date stated above. ACTUAL SIGNATURE C. E. Florence M.D.		ADDRESS (Street, city or town, state) Oakland, Maryland DATE SIGNED 25 Mar 61	
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 3/27/61	
22c. NAME OF CEMETERY OR CREMATORIAL Oakland Cemetery		22d. LOCATION (City, town, or county) Oakland (State) Maryland	
23. FUNERAL DIRECTOR'S SIGNATURE Gerald N. Minnich		ADDRESS Oakland, Maryland	
24a. REC'D BY REGISTRAR DATE MAR 30 '61		24b. REGISTRAR'S SIGNATURE Arthur S. Krause	

01 250MFLA-07 DEPARTMENT OF STATE-MAIL ROOM
CERTIFICATE OF DEATH

875

DEATH

DEATH CERTIFICATE

1
FOR STATE
HEALTH DEPT.



TO DIVISION OF MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If delay is necessary, please execute the certificate, writing the word "Pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

3127 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

15115

1. PLACE OF DEATH a. COUNTY GARRETT	MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE MARYLAND	b. COUNTY GARRETT
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) FROSTBURG	c. LENGTH OF STAY IN 1b (RURAL)	c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) FROSTBURG	d. STREET ADDRESS RD #2
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) RD #2		e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print)	First JOHN	Middle C - GAUMER	Last MARCH 17 1961
4. DATE OF DEATH	Month MARCH	Day 17	Year 1961

5. SEX M	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH FEB. 18, 1898	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
--------------------	----------------------------------	---	--	---	-----------------------------------	-----------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MINER	10b. KIND OF BUSINESS OR INDUSTRY COAL-MINE	11. BIRTHPLACE (State or foreign country) MEYERSDALE PENNA.	12. CITIZEN OF WHAT COUNTRY? U.S.
--	---	---	---

13. FATHER'S NAME JOHN - GAUMER	14. MOTHER'S MAIDEN NAME MARY - GEIGER	Address
---	--	---------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. 162-16-5779	17. INFORMANT Lottie Gaumer - FROSTBURG MD RD #2	INTERVAL BETWEEN ONSET AND DEATH 50 days
--	---	--	---

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]			
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Myocardial Infarction			
420.1 DUE TO			
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b)			
DUE TO			
(c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			
20. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.			

20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year 19	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) (County) (State)	
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input checked="" type="checkbox"/> and in my opinion death resulted from: Natural causes <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined manner <input type="checkbox"/>					

ACTUAL SIGNATURE <i>James H. Fenster Jr. M.D.</i>	CHIEF MEDICAL EXAMINER <input type="checkbox"/>
EXAMINER'S NAME (Type) James H. Fenster, Jr.	ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>
	DATE SIGNED 3-17-61

22a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	22b. DATE THEREOF 3-20-61	22c. NAME OF CEMETERY OR CIRCUMSTANCES GREENVILLE	22d. LOCATION (City, town, or county) GREENVILLE Twp., PA.
--	-------------------------------------	---	--

23. FUNERAL DIRECTOR Stanley M. Thomas, Salisbury, Pa.	ADDRESS Arthur S. Kraus	24a. REC'D BY REGISTRAR MAR 21 '61	24b. REGISTRAR'S SIGNATURE
--	-----------------------------------	--	----------------------------

M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3128

CERTIFICATE OF DEATH

Reg. Dist. No. 3116

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 72 hours of death. Page 4 may be signed by the physician or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

M

090

I

1. PLACE OF DEATH a. COUNTY Garrett		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE West Virginia b. COUNTY Preston	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Oakland		c. LENGTH OF STAY IN 1b 12 days	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Oak Rest Nursing Home		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Terra Alta	
d. STREET ADDRESS 1000 East State Avenue		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)	First Mary	Middle Alice	Last Johnson
4. DATE OF DEATH	Month March	Day 28	Year 1961.
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>	8. DATE OF BIRTH January 1, 1880
9. AGE (In years last birthday) 81 yrs.	10. IF UNDER 1 YEAR Months 2 Days 27	11. IF UNDER 24 HRS. Hours 3 mo	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) On Paint Creek, W.Va.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME William Preston Turley		14. MOTHER'S MAIDEN NAME Matilda Bragg	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT W. H. Turley, Terra Alta, West Virginia.		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]			
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 416X <i>Myocardial Failure</i> 3 mo			
Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. (b) <i>Pneumothorax Disease & General Pneumonia</i> several days			
DUE TO (c) <i>Pneumonia & Cerebral</i> days			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE GIVING IN PART I (c) <i>Cataracts both eyes, secondary anemia with gastric carcinoma & metastasis thru abdomen</i>			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour o. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from 7-28-1957 to May 28, 1961 , that I last saw the deceased alive on May 26, 1961 , and that death occurred at 4:30 P.M. M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) Terra Alta, West Virginia. DATE SIGNED Charles E. Smith			
ACTUAL SIGNATURE Charles E. Smith M.D.			
PHYSICIAN'S NAME (Type) Charles E. Smith			
22a. BURIAL, CREMATION, REMOVAL (Specify) Removal & Burial		22b. DATE THEREOF 3/31/61	
22c. NAME OF CEMETERY OR CREMATORIAL Holly Grove Cemetery		22d. LOCATION (City, town, or county) on Paint Creek, W. Va.	
23. FUNERAL DIRECTOR'S SIGNATURE Arthur S. Krause		24a. ADDRESS Terra Alta, W.Va.	
24b. REC'D BY REGISTRAR DATE APR 3 '61		24b. REGISTRAR'S SIGNATURE Arthur S. Krause	
VS A15 (4) 15M 9/58			

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

3129

CERTIFICATE OF DEATH

03117

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE	
GARRETT MARYLAND		MARYLAND GARRETT	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) RURAL - SWANTON		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X RURAL - SWANTON	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)		d. STREET ADDRESS	
3. NAME OF DECEASED (Type or print)		First	Middle
CATHERINE		LEE	LAST
4. DATE OF DEATH		Month	Day
5. SEX		27	1961
6. COLOR OR RACE		9. AGE (in years last birthday)	10. IF UNDER 1 YEAR Months Dey
FEMALE WHITE		55 yrs.	11. IF UNDER 24 HRS. Hours Min.
7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		12. CITIZEN OF WHAT COUNTRY?	
WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE-WIFE		11. BIRTHPLACE (County & State, or foreign country) ADRAIN, W.VA.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME MARY S. ABERNATHY	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give rank or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	
JOHN F. WILT		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Malnutrition	
		DUE TO 156.1 Conditions, if any, which give rise to immediate cause (a), stating the underlying cause last.	
		(b) Obstructive jaundice	
		DUE TO (c) Carcinoma of liver with metastases	
		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e)	
20e. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour e.m. p.m.		20d. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)	
19		20e. ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>	
21. I certify that (I) (this hospital) attended the deceased from 1-14-61, 19, to 3-8-61, 19, that (I) (he) last saw the deceased alive on 3-8-61, 19, and that death occurred at 5a.m., from the causes and on the date stated above.		22b. DATE SIGNED 3-28-61	
22e. SIGNATURE James H. Feaster, Jr.		22d. ADDRESS Oakland, Md.	
22e. PHYSICIAN'S NAME (Type) James H. Feaster, Jr.		23d. LOCATION (City, town or county) (State)	
23e. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE THEREOF MAR. 29/61	
23c. NAME OF CEMETERY OR CEMATORIAL NORTH GLADE CEMETERY		23d. LOCATION (City, town or county) R.F.D. SWANTON, MD.	
24. FUNERAL DIRECTOR'S SIGNATURE C. H. Feaster, Jr.		25e. REC'D BY REGISTRAR DATE MAR 30 '61	
ADDRESS PIEDMONT, W.VA.		25b. REGISTRAR'S SIGNATURE C. H. Feaster, Jr.	

TO HOSPITAL OR ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. If the physician or attending physician, after this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1 M I X O

VR A15 (4)
15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3130

CERTIFICATE OF DEATH

Reg. Dist. No.

03118

1. PLACE OF DEATH a. COUNTY Garrett MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE West Virginia Maryland b. COUNTY Garrett	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Oakland 8 Days		c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Gormania, W. Va. (Post Office)	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Garrett Co. Memorial Hospital		d. STREET ADDRESS Route # 1 Box 57	
e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print)	First Estella	Middle Lewis	4. DATE OF DEATH Month March Day 18 Year 1961
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> 8. DATE OF BIRTH WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> 4-1-79	9. AGE (In years last birthday) 81 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	10c. BIRTHPLACE (State or foreign country) Sines, Md.
		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME Isaac King		14. MOTHER'S MAIDEN NAME Julia Lee	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. ---	17. INFORMANT "Son" Harry W. Lewis
		Address Route #1 Box 57 Gormania, W. Va.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 442X Uremia		INTERVAL BETWEEN ONSET AND DEATH 2 weeks	
DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO Arteriosclerotic cardio-renal disease (c)		years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Cerebral vascular accident.		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19		20d. INJURY OCCURRED While of work <input type="checkbox"/> at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)
21. I certify that I attended the deceased from March 1958 to 3-18-61 , that I last saw the deceased alive on 3-18-61 , and that death occurred at 12:05 PM from the causes and on the date stated above. ACTUAL SIGNATURE <i>James H. Feaster Jr.</i>		ADDRESS (Street, city or town, state) DATE SIGNED 3-18-61	
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 3/21/1961	22c. NAME OF CEMETERY OR CREMATORIAL Marshall Friend Cemetery, near Oakland, Md.
22d. LOCATION (City, town, or county) (State)		24a. REC'D BY REGISTRAR DATE MAR 23 '61	
23. FUNERAL DIRECTOR'S SIGNATURE <i>He. Leighton</i>		24b. REGISTRAR'S SIGNATURE <i>Charles S. Thomas</i>	

WISCONSIN STATE GOVERNMENT OF HAWAII—CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

DEATH CERTIFICATE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3131

CERTIFICATE OF DEATH

Reg. Dist. No.

03119

1. PLACE OF DEATH a. COUNTY Garrett MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Baltimore ✓	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Oakland		c. LENGTH OF STAY IN lb 2 1/2 yrs.	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Cuppett Nursing Home		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore	
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		d. STREET ADDRESS 1929 St. Paul St.	
3. NAME OF DECEASED (Type or print) E. Louise Miller		4. DATE OF DEATH March 30 1961	
5. SEX Female		6. COLOR OR RACE White	
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		8. DATE OF BIRTH Oct. 24 1886	
9. AGE (In years last birthday) 74 yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	
11. BIRTHPLACE (State or foreign country) Cumberland, Md.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME John W. Walsh		14. MOTHER'S MAIDEN NAME Anna E. Messman	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 701-1-1234	
17. INFORMANT Mrs. Fredridy Wagner		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive Heart Failure DUE TO 433-1 Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause first. (b) DUE TO Ventricular Fibrillation (c)	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from Oct. 1, 1958, to March 30, 1961, that I last saw the deceased alive on March 30, 1961, and that death occurred at 5:45 P.M., from the causes and on the date stated above. ADDRESS (Street, city or town, state) M.D. 25 Alder St.			
ACTUAL SIGNATURE E. I. Baumgartner		DATE SIGNED 4/3/61	
PHYSICIAN'S NAME (Type) E. I. Baumgartner		473/61	
22a. BURIAL, CREMATION, REMOVAL (Specify) burial		22b. DATE THEREOF 4/3/61	
22c. NAME OF CEMETERY OR CREMATORIUM SS. Peter & Paul		22d. LOCATION (City, town, or county) Cumberland Maryland	
23. FUNERAL DIRECTOR'S SIGNATURE Louis Stein Inc. Cumberland, Md.		24a. REC'D BY REGISTRAR APR 6 '61	
ADDRESS		24b. REGISTRAR'S SIGNATURE Arthur S. Kraus	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be signed by the physician or attending physician.

TO FUNERAL DIRECTOR: If this certificate has been signed by the attending physician and completely filled in, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS A15 (4)
15M 10/57

FOR STATE
HEALTH DEPT.

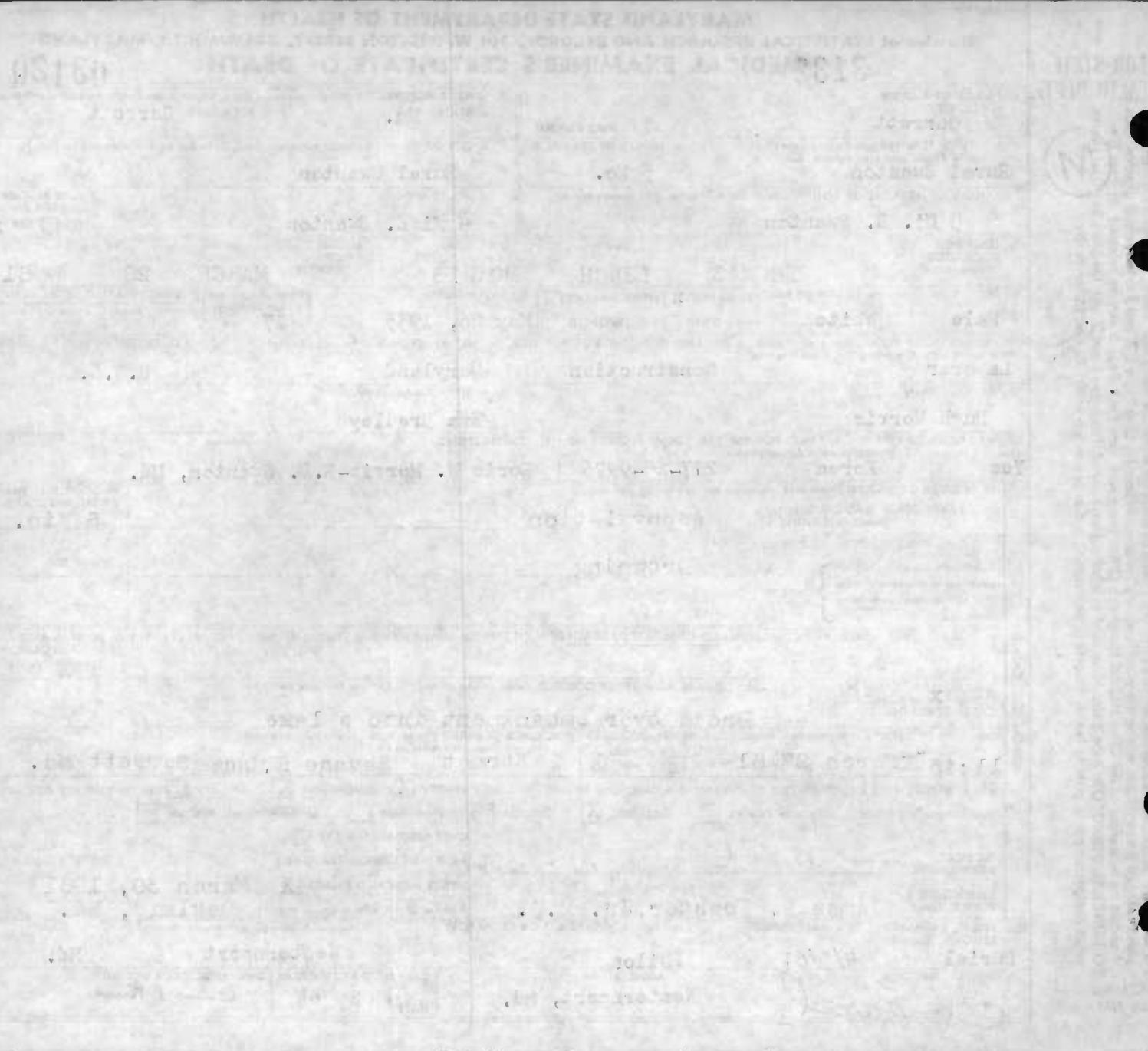
delay is necessary
4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

3132 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

03120

1. PLACE OF DEATH a. COUNTY Garrett		2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) a. STATE Md. b. COUNTY Garrett	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Swanton		c. LENGTH OF STAY IN lb 5 Mo.	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 5 Mi. E. Swanton		X Rural Swanton	
3. NAME OF DECEASED (Type or print)		First THOMAS	Middle LENCH
4. DATE OF DEATH MARCH 28 19 61		Last MORRIS	
5. SEX Male		6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>
8. DATE OF BIRTH May 26, 1933		9. AGE (In years last birthday) 27 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Construction	
10c. BIRTHPLACE (State or foreign country) Maryland		11. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Hugh Morris		14. MOTHER'S MAIDEN NAME Eva Bradley	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) Yes Korea		16. SOCIAL SECURITY NO. 17. INFORMANT 217-28-9996 Doris W. Morris-R.D. Swanton, Md.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)		Address	
PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a). Asphyxiation		INTERVAL BETWEEN ONSET AND DEATH 5 Min.	
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 822X		" "	
DUE TO (b) Drowning			
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)			
20a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 1b.) Drove over embankment into a lake	
20c. TIME OF INJURY Month, Day, Year Hour <input type="checkbox"/> a.m. March 27, 61 11:45 p.m.		20d. INJURY OCCURRED While <input type="checkbox"/> Not While <input checked="" type="checkbox"/> at work <input type="checkbox"/> at work <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Street		20f. (City or town) (County) (State) Savage R.Dam Garrett Md.	
21. I certify that I took charge of the remains described above, held an Autopsy <input checked="" type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input checked="" type="checkbox"/> and in my opinion death resulted from: Natural causes <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined manner <input type="checkbox"/>			
ACTUAL SIGNATURE EXAMINER'S NAME (Type) James H. Feaster, Jr. M.D.		CHIEF MEDICAL EXAMINER <input type="checkbox"/> M.D. ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/> March 30, 1961 Address (Street, city, town, or county) Oakland, Md.	
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 4/3/61 22c. NAME OF CEMETERY OR CREMATORIAL ADDRESS Philos Westernport, Md.	
23. FUNERAL DIRECTOR E. Boal		22d. LOCATION (City, town, or country) Westernport Md. 24a. REC'D BY REGISTRAR DATE APR 3 '61 24b. REGISTRAR'S SIGNATURE James S. Kraus	



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

3133

CERTIFICATE OF DEATH

Items 2a, Film 0284

03121

1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE	
GARRETT MARYLAND		MARYLAND GARRETT	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) OAKLAND, MARYLAND		c. LENGTH OF STAY IN 1b 10 MINUTES	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION GARRETT COUNTY MEMORIAL HOSPITAL		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mt. Lake Park	
3. NAME OF DECEASED (Type or print)		First FELLE	Middle HAMIL
4. DATE OF DEATH		Last NINE	Month MARCH
5. SEX		6. COLOR OR RACE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>
FEMALE		WHITE	WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>
8. DATE OF BIRTH		9. AGE (In years last birthday) 86 yrs.	
APRIL 6, 1875		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE & Retired School Teacher		10b. KIND OF BUSINESS OR INDUSTRY SWANTON, MARYLAND	
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME HAMILL, HENRY O.		14. MOTHER'S MAIDEN NAME PRICE, MARY ANN	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. ---	
17. INFORMANT T. A. KIMMELL- BROTHER-IN-LAW		Address MT. LAKE PARK, MD.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)		INTERVAL BETWEEN ONSET AND DEATH 2 hrs	
331X Conditions, if any, which gave rise to immediate cause (o), stating the under- lying cause last. (b)		Cerebral Hemorrhage	
DUE TO Arterio sclerosis (c)		10 yrs	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19		20d. INJURY OCCURRED While Not while of work <input type="checkbox"/> of work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that (I) (this hospital) attended the deceased from Jan. 5-10, 1950, to March 24, 1961, that (I) (we) last saw the deceased alive on 24 Mar 1961, and that death occurred at P. M., from the causes and on the date stated above.		22b. DATE SIGNED 25 Mar 61	
22a. SIGNATURE A. E. Mance		M.D. ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>	
22c. PHYSICIAN'S NAME (Type) DR. A. E. MANCE		22d. ADDRESS OAKLAND, MARYLAND	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE THEREOF 3/27/1961	
23c. NAME OF CEMETERY OR CREMATORIAL Oakland Cemetery		23d. LOCATION (City, town, or county) Oakland, Md. (State)	
24. FUNERAL DIRECTOR'S SIGNATURE H. Leighton		ADDRESS Oakland, Md.	
25a. REC'D BY REGISTRAR MAR 28 '61		25b. REGISTRAR'S SIGNATURE Arthur S. Kraus	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be signed by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

CC16

Produced Pursuant to FOIA

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3134

CERTIFICATE OF DEATH

Reg. Dist. No. 03122

1. PLACE OF DEATH a. COUNTY Garrett		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland.		b. COUNTY Garrett	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Oakland,		c. LENGTH OF STAY IN lb 69 yrs.		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Oakland,			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Garrett County Memorial Hospital		d. STREET ADDRESS Monta Vista Road		e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			

3. NAME OF DECEASED (Type or print)	First Ernest	Middle Ray	Last Porter	4. DATE OF DEATH March 18,	Month 18	Day 19	Year 61
---	-----------------	---------------	----------------	-------------------------------------	-------------	-----------	------------

5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	B. DATE OF BIRTH Sept. 4, 1891	9. AGE (In years old at birthday) 69 yrs.	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
----------------	---------------------------	---	-----------------------------------	---	---------------------------	--------------------------	-------	------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY Own Farm	11. BIRTHPLACE (State or foreign country) Maryland.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	---	--	--

13. FATHER'S NAME George Porter	14. MOTHER'S MAIDEN NAME Florence Kepner
------------------------------------	---

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. no 213-18-2521	17. INFORMANT Ray Porter Jr., Oakland, Md.	Address
---	---	---	---------

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 163X DUE TO Malnutrition		6 weeks
Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. (b) DUE TO Carcinoma of lung with metastases		6 months
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Sclerotic heart disease--- years		

20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)							
20c. TIME OF INJURY Hour a. m. p. m.	Month 19	Day	Year	20d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town)	(County)	(State)

21. I certify that I attended the deceased from Jan. 1949, to 3-18-61, that I last saw the deceased alive on 3-17-61, 19, and that death occurred at 4 A.M., from the causes and on the date stated above.

ACTUAL
SIGNATURE *James H. Feaster, Jr.* ADDRESS (Street, city or town, state) 58 2nd. S., Oakland, Md. 3-18-61 DATE SIGNED

PHYSICIAN'S NAME (Type)	James H. Feaster, Jr., M. D.		
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial	22b. DATE THEREOF 3/20/1961	22c. NAME OF CEMETERY OR CREMATORIUM Oakland Cemetery	22d. LOCATION (City, town, or county) Oakland, Maryland. (State)

23. FUNERAL DIRECTOR'S SIGNATURE <i>H.C. Leighton</i>	ADDRESS Oakland, Md.	24a. REC'D BY REGISTRAR DATE MAR 22 '61	24b. REGISTRAR'S SIGNATURE <i>Arthur S. Kraus</i>
--	-------------------------	--	--

187 180015Z APR 1971 10 100000Z APR 1971

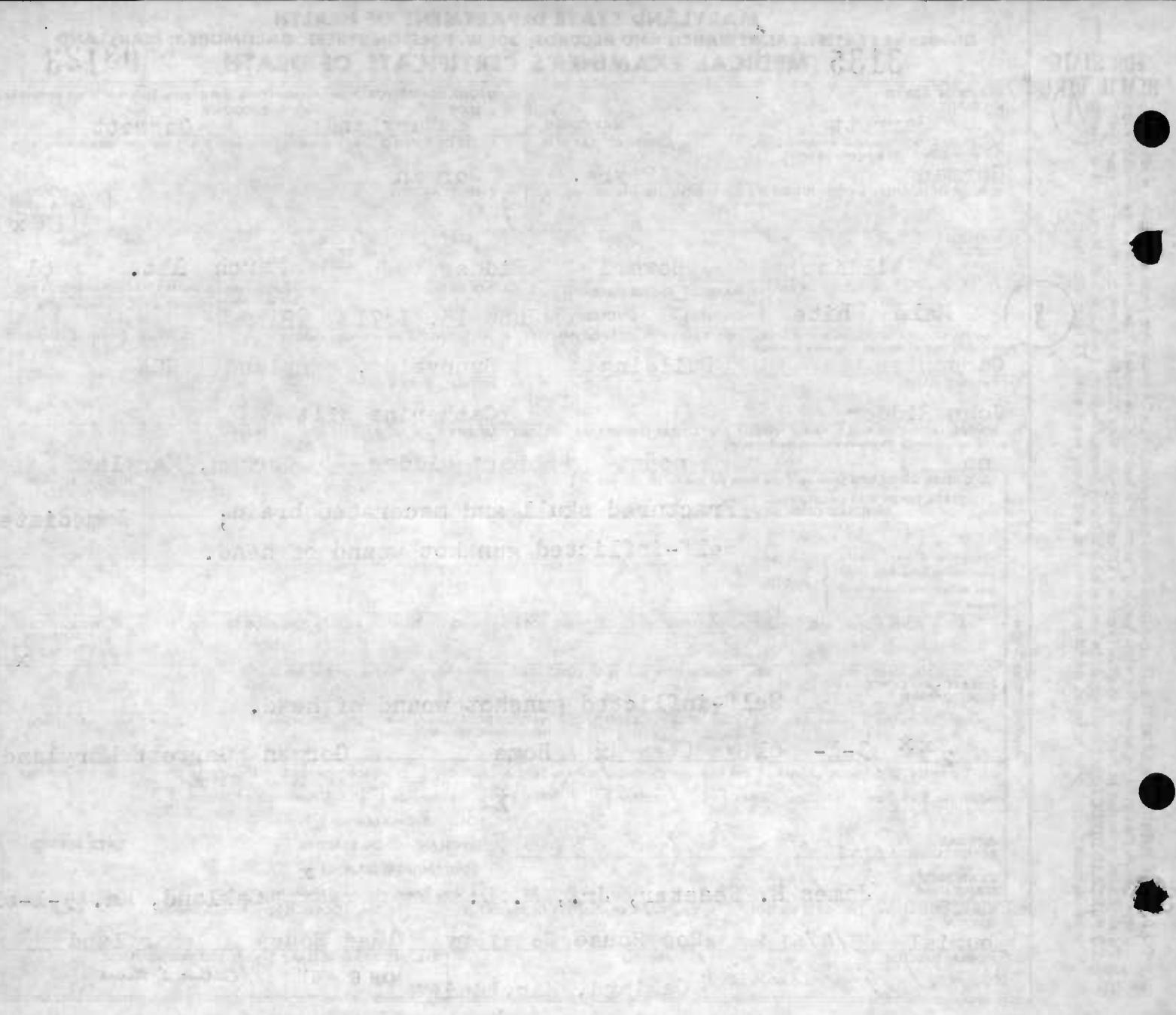
HTABQ TO STADTSPD 26 15

1
FOR STATE
HEALTH DERT.
M

delay is nec.
4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
3135 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 103123

1. PLACE OF DEATH a. COUNTY Garrett		2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE Maryland	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Gorman		b. COUNTY Garrett	
c. LENGTH OF STAY IN lb 12 yrs.		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Gorman	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)		d. STREET ADDRESS	
3. NAME OF DECEASED (Type or print) William		First Howard	Middle Ridder
4. DATE OF DEATH March 1st. 1961	Month Dey Year		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED WIDOWED <input checked="" type="checkbox"/>	NEVER MARRIED <input type="checkbox"/>
8. DATE OF BIRTH June 15, 1871	9. AGE (In years last birthday) 89 yrs.	10. IF UNDER 1 YEAR Months Hours	11. IF UNDER 24 HRS. Days Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Building	
11. BIRTHPLACE (State or foreign country) Sunnyside, Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME John Ridder		14. MOTHER'S MAIDEN NAME Catherine Wilt	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input type="checkbox"/> (If yes, give rank and date of service) no		16. SOCIAL SECURITY NO. 17. INFORMANT none Robert Ridder Address Gorman, Maryland	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 976X Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. } DUE TO (b) Self-inflicted gunshot wound of head. DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH Immediate	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 20e. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Self-inflicted gunshot wound of head.			
20c. TIME OF INJURY Month, Dey, Year Hour 2 p.m. 3-1-61		20d. INJURY OCCURRED While <input type="checkbox"/> Not While <input checked="" type="checkbox"/> at work <input type="checkbox"/> at work <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
20f. (City or town) Gorman		(County) Garrett (State) Maryland	
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input type="checkbox"/> and in my opinion death resulted from: Natural causes <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input checked="" type="checkbox"/> Homicide <input type="checkbox"/> Undetermined manner <input type="checkbox"/>			
ACTUAL SIGNATURE James H. Feaster, Jr., M.D.		CHIEF MEDICAL EXAMINER <input type="checkbox"/> M.D. ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>	
EXAMINER'S NAME (Type) James H. Feaster, Jr., M.D.		DATE SIGNED 3-1-61	
22a. BURIAL, CREMATION, REMOVAL (Specify) burial		22b. DATE THEREOF 3/4/61	
22c. NAME OF CEMETERY OR CREMATORIAL ADDRESS Red House Cemetery		22d. LOCATION (City, town, or country) Red House Maryland	
23. FUNERAL DIRECTOR Gerald M. Minnich		24a. REC'D BY REGISTRAR DATE MAR 6 '61	
VS. A15ME 5M 7/59		24b. REGISTRAR'S SIGNATURE Arthur S. Kraus	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3136

CERTIFICATE OF DEATH

03124

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Garrett		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE W. Va.	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Oakland		b. COUNTY Preston	
c. LENGTH OF STAY IN 1b 4 Days		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Aurora	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Oak Rest Home		d. STREET ADDRESS 95X-3	

3. NAME OF DECEASED (Type or print)	First Minnie	Middle Eve	Last Smith	4. DATE OF DEATH Mar. 8, 1961	Month 19	Day 8	Year 1961
---	-----------------	---------------	---------------	--	-------------	----------	--------------

5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>	B. DATE OF BIRTH Dec. 15, 1868	9. AGE (In years last birthday) 92 yrs.	IF UNDER 1 YEAR Months 0	IF UNDER 24 HRS. Days 0
------------------	---------------------------	---	-----------------------------------	---	--------------------------------	-------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) W. Va.	12. CITIZEN OF WHAT COUNTRY? USA
---	-----------------------------------	---	-------------------------------------

13. FATHER'S NAME George Hauser	14. MOTHER'S MAIDEN NAME Ruth Wotring		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT Gladys Harsh	Address Aurora, W. Va.

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 433.1 Cerebral vascular accident		2 days
DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause first.		years
(b) Auricular fibrillation		years
DUE TO (c) Arteriosclerosis		years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
---	--	--	--

20c. TIME OF INJURY Hour o. m. p. m.	Month 19	20d. INJURY OCCURRED While of work <input type="checkbox"/> Not while of work <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) Aurora, W. Va.	(County) Preston	(State) W. Va.
---	-------------	--	---	---------------------------------------	---------------------	-------------------

21. I certify that I attended the deceased from 3-6-61 to 3-8-61, 1961, that I last saw the deceased alive on 3-6-61, 1961, and that death occurred at 6:30 A.M. from the causes and on the date stated above.						
ACTUAL SIGNATURE James H. Feaster, Jr., M. D.				ADDRESS (Street, city or town, state) 58 2nd. St., Oakland, Md.		

DATE SIGNED
3-10-61

22a. BURIAL, CREMATION, REMOVAL (Specify) Burial	22b. DATE THEREOF 3/11/61	22c. NAME OF CEMETERY OR CREMATORIUM Stemple Ridge	22d. LOCATION (City, town, or county) Aurora, W. Va.	(State)
---	------------------------------	---	---	---------

23. FUNERAL DIRECTOR'S SIGNATURE Wayne C. Feaster	ADDRESS Davis, W. Va.	24a. REC'D BY REGISTRAR DATE MAR 14 '61	24b. REGISTRAR'S SIGNATURE Charles E. Koenig
--	--------------------------	--	---

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

47-39096-241-111A3R 30 211073-190 STATE OF ILLINOIS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3137

CERTIFICATE OF DEATH

Reg. Dist. No.

03125

1. PLACE OF DEATH a. COUNTY Garrett MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Allegany ✓				
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Oakland		c. LENGTH OF STAY IN 1b 2 yrs.				
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Cuppett Nursing Home		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland				
3. NAME OF DECEASED (Type or print) Viola		d. STREET ADDRESS 67 Marion St.				
First Middle Last		4. DATE OF DEATH March	Month 5 Day 19 Year 61			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	B. DATE OF BIRTH March 31, 1895 9. AGE (In years last birthday) 65 yrs. IF UNDER 1 YEAR Months Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Cumberland, Md.			
13. FATHER'S NAME Floyd Simmons		14. MOTHER'S MAIDEN NAME Katherine Speis				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Floyd Sommons, Baltimore, Md.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 434-1 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH Congestive Heart Failure				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 p. m.		20d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> of work <input type="checkbox"/> at work <input type="checkbox"/>	20e. PLACE OF INJURY (Name, form, factory, street, office bldg., etc.)	20f. (City or town) Muskrat	(County) 6	(State) MD
21. I certify that I attended the deceased from <u>Mar 12</u> , 1958, to <u>Mar 6</u> , 1961, that I last saw the deceased alive on <u>Mar 6</u> , 1961, and that death occurred at <u>10 AM</u> , from the causes and on the date stated above.				ADDRESS (Street, city or town, state) 25 Alder St. Oakland MD		
ACTUAL SIGNATURE E. J. Baumgartner		PHYSICIAN'S NAME (Type) E. J. BAUMGARTNER		DATE SIGNED 3/6/61		
22a. BURIAL, CREMATION, REMOVAL (Specify) burial		22b. DATE THEREOF 3 / 8 / 61	22c. NAME OF CEMETERY OR CREMATORIAL St. Luke's Lutheran	22d. LOCATION (City, town, or county) Cumberland		(State) Maryland
23. FUNERAL DIRECTOR'S SIGNATURE John J. Hays Cumberland, Md.		ADDRESS		24a. REC'D BY REGISTRAR DATE MAR 9 '61	24b. REGISTRAR'S SIGNATURE Arthur S. Krause	

1
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

M

MARYLAND STATE DEPARTMENT OF HEALTH
 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

03126

3138

Item 8 Film Q264

4/4/61 iwk

1. PLACE OF DEATH a. COUNTY		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		c. LENGTH OF STAY IN lb		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)		
GARRETT		MARYLAND		16 days		a. STATE b. COUNTY		
OAKLAND						WEST VIRGINIA GRANT		
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION GARRETT COUNTY MEMORIAL HOSPITAL						c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RAYARD		
3. NAME OF DECEASED (Type or print)		First	Middle	Last	4. DATE OF DEATH	Month	Day	Year
MARY				ELIZABETH WEASENFORTH	MAR.	26	19	61
S. SEX	6. COLOR OR RACE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		8. DATE OF BIRTH	9. AGE (In years last birthday)	10. IF UNDER 1 YEAR Months	11. IF UNDER 24 HRS Days	12. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
FEMALE	WHITE	WIDOWED <input type="checkbox"/>	DIVORCED <input type="checkbox"/>	AUG. 5, 1921 1920	40 yrs			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE			10b. KIND OF BUSINESS OR INDUSTRY Own Home			11. BIRTHPLACE (State or foreign country) Gleason, W. Va.		
13. FATHER'S NAME REJAMIN HARRISON WILSON			14. MOTHER'S MAIDEN NAME STELLA RINKER			12. CITIZEN OF WHAT COUNTRY? USA		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO			16. SOCIAL SECURITY NO. none			17. INFORMANT HOMER CARL WEASENFORTH, SR. (HUSBAND) RAYARD, W. VA.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), one (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)			Carcinomatosis Carcinoma of Vagina			INTERVAL BETWEEN ONSET AND DEATH 1 year		
176.1 Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last.			DUE TO (b) DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)								
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m.			20d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>			20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)		
19								
21. I certify that (I) (this hospital) attended the deceased from Sept. 4, 1960, to MAR. 26, 1961, that (I) (we) last saw the deceased alive on MAR. 26, 1961, and that death occurred at 3:50 P.M. from the causes and on the date stated above.								
22a. SIGNATURE Drew E. Mance			M.D. ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>			22b. DATE SIGNED 27 Mar 61		
22c. PHYSICIAN'S NAME (Type) A. DREW E. MANCE, M.D.			22d. ADDRESS THIRD STREET OAKLAND, MARYLAND					
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE THEREOF 3/28/61		23c. NAME OF CEMETERY OR CREMATORIAL Bayard Cemetery		23d. LOCATION (City, town, or county) Bayard (State) W. Va.		
24. FUNERAL DIRECTOR'S SIGNATURE Gerald M. Minich		ADDRESS Oakland, Maryland		25a. REC'D BY REGISTRAR DATE MAR 30 '61			25b. REGISTRAR'S SIGNATURE Arthur S. Kline	

70160

70160-0000000000000000

70160

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. It may be signed by a hospital or attending physician. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3139

CERTIFICATE OF DEATH

Reg. Dist. No. 03127

1. PLACE OF DEATH a. COUNTY Garrett MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Garrett	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Oakland		c. LENGTH OF STAY IN lb life	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Cuppett Nursing Home		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Elizabeth Johnson	First Elizabeth	Middle Johnson	Last West
4. DATE OF DEATH March 28 1961	Month March	Day 28	Year 1961
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>	8. DATE OF BIRTH Feb. 6, 1888
9. AGE (In years lost birthday) 73 yrs.	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk	11. KIND OF BUSINESS OR INDUSTRY Law	12. BIRTHPLACE (State or foreign country) Oakland, Maryland
13. FATHER'S NAME Edward West	14. MOTHER'S MAIDEN NAME Adilia Tower		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Edward Lawrence	Address Oakland, Maryland
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Lymphatic Leukemia. <i>Diagnosed</i> INTERVAL BETWEEN ONSET AND DEATH 204.0 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Bronchial Asthma and Chronic Myocarditis. 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour a. m. 19 p. m.	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) Oakland (County) Maryland (State) Maryland
21. I certify that I attended the deceased from 2/21 , 19 46 , to 3/28 , 19 61 , that I last saw the deceased alive on 3/27/61 , 19 61 , and that death occurred at 5:45 PM , from the causes and on the date stated above. ACTUAL SIGNATURE <i>E. I. Baumgartner</i> ADDRESS (Street, city or town, state) 25 Alder Street DATE SIGNED 3/30/61			
22a. BURIAL, CREMATION, REMOVAL (Specify) burial		22b. DATE THEREOF 3/30/61	22c. NAME OF CEMETERY OR CREMATORIAL Oakland Cemetery
22d. LOCATION (City, town, or county) Oakland, Maryland		(State)	
23. FUNERAL DIRECTOR'S SIGNATURE <i>Harold J. Minnick</i>		ADDRESS Oakland, Maryland	24a. REC'D BY REGISTRAR DATE APR 4 '61
		24b. REGISTRAR'S SIGNATURE <i>Arthur S. Kraus</i>	

STATE OF HAWAII - DIVISION OF MOTOR VEHICLES

CERTIFICATE OF DEATH

100-1000000

100-1000000

100-1000000

100-1000000

100-1000000

100-1000000

100-1000000

100-1000000

100-1000000

100-1000000

100-1000000

100-1000000

100-1000000

100-1000000

100-1000000

100-1000000

100-1000000

100-1000000

100-1000000

100-1000000

100-1000000

100-1000000

100-1000000

100-1000000

100-1000000

100-1000000

100-1000000

100-1000000

100-1000000

100-1000000

100-1000000

100-1000000

100-1000000

100-1000000

100-1000000

100-1000000

100-1000000

100-1000000

100-1000000

100-1000000

100-1000000

100-1000000

100-1000000

100-1000000

100-1000000

100-1000000

1
FOR STATE
HEALTH DEPT.

M

delay is necessary,
please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page
4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health,
or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

3140 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

03128

1. PLACE OF DEATH a. COUNTY GARRETT	MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE MARYLAND	b. COUNTY GARRETT
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) RURAL GRANTSVILLE	c. LENGTH OF STAY IN lb LIFE	c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) RURAL GRANTSVILLE	d. STREET ADDRESS
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)		e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print)	First CLARENCE	Middle AUGUST	Last WILT	4. DATE OF DEATH MARCH 18 1961
---	--------------------------	-------------------------	---------------------	--

5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH NOV. 28 1890	9. AGE (In years last birthday) 70 yrs.	IF UNDER 1 YEAR Months 0	IF UNDER 24 HRS. Days 0	Year Hours 0	Min. 0
-----------------------	----------------------------------	---	---	--	---------------------------------------	--------------------------------------	---------------------------	------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER - RETIRED	10b. KIND OF BUSINESS OR INDUSTRY OWN FARM	11. BIRTHPLACE (State or foreign country) BENNTOWN, GARRETT Co, MD	12. CITIZEN OF WHAT COUNTRY? U.S.A.
---	--	--	---

13. FATHER'S NAME STEVEN WILT	14. MOTHER'S MAIDEN NAME RHODA BROADWATER	Address Carl Wilt, Grantsville, Md
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input type="checkbox"/> (If yes give war or date of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Carl Wilt, Grantsville, Md	INTERVAL BETWEEN ONSET AND DEATH Sudden
--	-------------------------	--	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction, Acute		DUE TO (b) Hypertension		Years	
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.				DUE TO (c)			

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
--	--	--	--

20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
--	--	--	--

20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year 19	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) (County) (State)
--	------------------------	---	--	--

21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input type="checkbox"/> and in my opinion death resulted from: Natural causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined manner <input type="checkbox"/>		DATE SIGNED 3-19-61
--	--	-------------------------------

ACTUAL SIGNATURE <i>James H. Feaster, Cr. M.D.</i>	CHIEF MEDICAL EXAMINER <input type="checkbox"/>	M.D. ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>	DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>
--	---	--	---

EXAMINER'S NAME (Type) James H. Feaster, Cr. M.D.	Address (Street, city, town, or county) Oak. Md.	(State) MD
--	--	----------------------

22a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	22b. DATE THEREOF 3/21/61	22c. NAME OF CEMETERY OR CREMATORIAL METHODIST	22d. LOCATION (City, town, or country) NEWGERMANY, GARRETT Co MD	(State) MD
---	-------------------------------------	--	--	----------------------

23. FUNERAL DIRECTOR Don Newman, Grantsville, Md.	ADDRESS	24a. REC'D BY REGISTRAR MAR 23 '61	24b. REGISTRAR'S SIGNATURE Arthur S. Thomas
---	---------	--	---

M

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. It may be signed by a hospital or attending physician. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3141 Item 8 Film G283 3/22/61 mh

CERTIFICATE OF DEATH

Reg. Dist. No. 03129

1. PLACE OF DEATH a. COUNTY GARRETT		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE WEST VIRGINIA		b. COUNTY PRESTON			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) OAKLAND, MARYLAND		c. LENGTH OF STAY IN 1b 1 HOUR		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HORSE SHOE RUN		d. STREET ADDRESS 85X			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION GARRETT COUNTY MEMORIAL HOSPITAL				d. STREET ADDRESS HORSE SHOE RUN		e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) NTINA		First NTINA	Middle MAE	Last WOLFE	4. DATE OF DEATH MARCH 13, 1961	Month MARCH	Day 13	Year 1961	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	B. DATE OF BIRTH MAY 29, 1892	9. AGE (In years less birthday) 67 yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS. Months 0	Days 0	Hours 0	Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) HORSE SHOE RUN, W.VA.		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME HENRY HEALINE		14. MOTHER'S MAIDEN NAME HARSH, EMMA							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT (HUSBAND) GEORGE WOLFE		Address HORSE SHOE RUN, W.VA.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 422.0.1 Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause lost. (b) (c)		DUE TO Acute Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH 1 hour					
DUE TO Arteriosclerotic Cardiovascular Disease Unknown									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1b.)							
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19		20d. INJURY OCCURRED While of work <input type="checkbox"/> at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) M.D. 77 Oak Street, Oakland, Md. 15 min. 4		20f. (City or town) M.D. 77 Oak Street, Oakland, Md. 15 min. 4		(County) M.D. 77 Oak Street, Oakland, Md. 15 min. 4	(State) M.D. 77 Oak Street, Oakland, Md. 15 min. 4
21. I certify that I attended the deceased from March 14, 1958 , to March 13, 1961 , that I last saw the deceased alive on March 13, 1961 , and that death occurred at 10:15 P.M. from the causes and on the date stated above.				ADDRESS (Street, city or town, state) M.D. 77 Oak Street, Oakland, Md. 15 min. 4		DATE SIGNED March 14, 1961			
ACTUAL SIGNATURE Herbert H. Leighton									
PHYSICIAN'S NAME (Type) DR. HERBERT LEIGHTON				OAKLAND, MARYLAND					
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 3/16/61		22c. NAME OF CEMETERY OR CREMATORIUM Texas		22d. LOCATION (City, town, or county) Horse Shoe Run, W.Va.		(State) W.Va.	
23. FUNERAL DIRECTOR'S SIGNATURE Wayne C. Wiggle		ADDRESS Davis, W.Va.		24a. REC'D BY REGISTRAR MAR 20 '61		24b. REGISTRAR'S SIGNATURE Arthur S. Kraus			

CERTIFICATE OF DEATH

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466	467	468	469	470	471	472	473	474	475	476	477	478	479	480	481	482	483	484	485	486	487	488	489	490	491	492	493	494	495	496	497	498	499	500	501	502	503	504	505	506	507	508	509	510	511	512	513	514	515	516	517	518	519	520	521	522	523	524	525	526	527	528	529	530	531	532	533	534	535	536	537	538	539	540	541	542	543	544	545	546	547	548	549	550	551	552	553	554	555	556	557	558	559	560	561	562	563	564	565	566	567	568	569	570	571	572	573	574	575	576	577	578	579	580	581	582	583	584	585	586	587	588	589	590	591	592	593	594	595	596	597	598	599	600	601	602	603	604	605	606	607	608	609	610	611	612	613	614	615	616	617	618	619	620	621	622	623	624	625	626	627	628	629	630	631	632	633	634	635	636	637	638	639	640	641	642	643	644	645	646	647	648	649	650	651	652	653	654	655	656	657	658	659	660	661	662	663	664	665	666	667	668	669	670	671	672	673	674	675	676	677	678	679	680	681	682	683	684	685	686	687	688	689	690	691	692	693	694	695	696	697	698	699	700	701	702	703	704	705	706	707	708	709	710	711	712	713	714	715	716	717	718	719	720	721	722	723	724	725	726	727	728	729	730	731	732	733	734	735	736	737	738	739	740	741	742	743	744	745	746	747	748	749	750	751	752	753	754	755	756	757	758	759	760	761	762	763	764	765	766	767	768	769	770	771	772	773	774	775	776	777	778	779	770	771	772	773	774	775	776	777	778	779	780	781	782	783	784	785	786	787	788	789	790	791	792	793	794	795	796	797	798	799	800	801	802	803	804	805	806	807	808	809	8010	8011	8012	8013	8014	8015	8016	8017	8018	8019	8020	8021	8022	8023	8024	8025	8026	8027	8028	8029	8030	8031	8032	8033	8034	8035	8036	8037	8038	8039	8040	8041	8042	8043	8044	8045	8046	8047	8048	8049	8050	8051	8052	8053	8054	8055	8056	8057	8058	8059	8060	8061	8062	8063	8064	8065	8066	8067	8068	8069	8070	8071	8072	8073	8074	8075	8076	8077	8078	8079	8080	8081	8082	8083	8084	8085	8086	8087	8088	8089	8090	8091	8092	8093	8094	8095	8096	8097	8098	8099	80100	80101	80102	80103	80104	80105	80106	80107	80108	80109	80110	80111	80112	80113	80114	80115	80116	80117	80118	80119	80120	80121	80122	80123	80124	80125	80126	80127	80128	80129	80130	80131	80132	80133	80134	80135	80136	80137	80138	80139	80140	80141	80142	80143	80144	80145	80146	80147	80148	80149	80150	80151	80152	80153	80154	80155	80156	80157	80158	80159	80160	80161	80162	80163	80164	80165	80166	80167	80168	80169	80170	80171	80172	80173	80174	80175	80176	80177	80178	80179	80180	80181	80182	80183	80184	80185	80186	80187	80188	80189	80190	80191	80192	80193	80194	80195	80196	80197	80198	80199	80200	80201	80202	80203	80204	80205	80206	80207	80208	80209	80210	80211	80212	80213	80214	80215	80216	80217	80218	80219	80220	80221	80222	80223	80224	80225	80226	80227	80228	80229	80230	80231	80232	80233	80234	80235	80236	80237	80238	80239	80240	80241	80242	80243	80244	80245	80246	80247	80248	80249	80250	80251	80252	80253	80254	80255	80256	80257	80258	80259	80260	80261	80262	80263	80264	80265	80266	80267	80268	80269	80270	80271	80272	80273	80274	80275	80276	80277	80278	80279	80280	80281	80282	80283	80284	80285	80286	80287	80288	80289	80290	80291	80292	80293	80294	80295	80296	80297	80298	80299	80300	80301	80302	80303	80304	80305	80306	80307	80308	80309	80310	80311	80312	80313	80314	80315	80316	80317	80318	80319	80320	80321	80322	80323	80324	80325	80326	80327	80328	80329	80330	80331	80332	80333	80334	80335	80336	80337	80338	80339	80340	80341	80342	80343	80344	80345	80346	80347	80348	80349	80350	80351	80352	80353	80354	80355	80356	80357	80358	80359	80360	80361	80362	80363	80364	80365	80366	80367	80368	80369	80370	80371	80372	80373	80374	80375	80376	80377	80378	80379	80380	80381	80382	80383	80384	80385	80386	80387	80388	80389	80390	80391	80392	80393	80394	80395	80396	80397	80398	80399	80400	80401	80402	80403	80404	80405	80406	80407	80408	80409	80410	80411	80412	80413	80414	80415	80416	80417	80418	80419	80420	80421	80422	80423	80424	80425	80426	80427	80428	80429	80430	80431	80432	80433	80434	80435	80436	80437	80438	80439	80440	80441	80442	80443	80444	80445	80446	80447	80448	80449	80450	80451	80452	80453	80454	80455	80456	80457	80458	80459	80460	80461	80462	80463	80464	80465	80466	80467	80468	80469	80470	80471	80472	80473	80474	80475	80476	80477	80478	80479	80480	80481	80482	80483	80484	80485	80486	80487	80488	80489	80490	80491	80492	80493	80494	80495	80496	80497	80498	80499	80500	80501	80502	80503	80504	80505	80506	80507	80508	80509	80510	80511	80512	80513	80514	80515	80516	80517	80518	80519	80520	80521	80522	80523	80524	80525	80526	80527	80528	80529	80530	80531	80532	80533	80534	80535	80536	80537	80538	80539	80540	80541	80542	80543	80544	80545	80546	80547	80548	80549	80550	80551	80552	80553	80554	80555	80556	80557	80558	80559	80560	80561	80562	80563	80564	80565	80566	80567	80568	80569	80570	80571	80572	80573	80574	80575	80576	80577	80578	80579	80580	80581	80582	80583	80584	80585	80586	80587	80588	80589	80590	80591	80592	80593	80594	80595	80596	80597	80598	80599	80600	80601	8
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	---